



Step 4: Scroll down and select Update/ Designate beneficiaries for life insurance plans.	Information Select a life event to see if it provides you opportunities to elect new benefits or change existing ones. Teammates may request mid-year changes to benefits when they experience a qualifying life event. Requests for changes must be submitted within 31 days of the qualifying life event along with supporting documentation. See the table below for documentation needed and how to submit it. Please ensure that you review and complete all Pending Actions to prevent coverage from being delayed or not processed. Select a Life Event Add a new child in your coverage as part of birth, adoption or legal placement Add spouse and/or dependent children due to marriage Make changes to Health Savings Account (HSA) enrollment/contributions Update/Designate beneficiaries for life insurance plans
Step 5: Use the current date as the effective date.	Select a Life Event Add a new child in your coverage as part of birth, adoption or legal placement Add spouse and/or dependent children due to marriage Make changes to Health Savings Account (HSA) enrollment/contributions Update/Designate beneficiaries for life insurance plans *When did this event occur? m/d/yyyyy
Step 6: Click Continue in top right corner of the page.	Continue <u>C</u> ancel

Step 7: Read Confirmation and click OK . Note: If a message other than this is displayed, call the Benefits Service Center for assistance. See the Notes section on the bottom of page 10 for the phone numbers.	Confirmation The life event Update/Designate beneficiaries for life insurance plans was created for 8/2/2021.
•	 Complete Steps 8a-e to update/edit existing beneficiary information. Bypass Steps 8a-e and complete Steps 9a-c to add new beneficiary information. If no updates/additions are needed, go to Step 10.
Step 8a: To edit an existing beneficiary's information, click on the person's name.	Information To cover family and others in benefits, add them now before you enroll. People to Cover + Add Image: Second Se



Step 8b: Click the down arrow in category to be	Relationship		~
	Name		·
	Demographic Info		
	Biographical Info		~
edited.	Address		~
	National Identifiers		~
	Additional Info		· · · · · · · · · · · · · · · · · · ·
Step 8c: Click pencil edit icon in each category requiring edits.	Relationship		^
	Relationship Friend	Primary contact No	
	Relationship Start Date 8/2/2021	Country United States	
	Emergency Contact No	Atrium Health	
	Name		
	Start Date 8/2/2021	Last Name	

Step 8d: Edit each category as needed, then click Submit . Note: Enter date on or after today's date in the When does this relationship start category.	*Relationship Child/Step child *When does this relationship change start? m/d/yyyy Enter 7/20/2021 if you're correcting a mistake in this relationship. Enter regency Contact Primary contact	Submit Cancel Country United States Atrium Health Atrium Health Dependent verified Ves Dependent Verification Date 8/2/2011 to
Step 8e: Click back arrow next to person's name in upper left corner of the page.	Relationship Other Relationship Start Date 8/17/2021 Emergency Contact No Primary contact No	Country United States Atrium Health Atrium Health Dependent verified No Dependent Verification Date
Step 8f: This takes you back to the Before You Enroll - People to Cover page. Complete Steps 8a-e for any other beneficiaries requiring edits.	Before You Enroll Information To cover family and others in benefits, add them now be People to Cover Image: State of the state of t	efore you erroll. Add Add Add Add



	Before You Enroll	Continue
Step 9a: To add a	Information To cover family and others in benefits, add them now before	ore you enroll.
beneficiary, click Add on the Before You Enroll - People to Cover page.	People to Cover	★ Add
contact is listed only once.		
	Beneficiary Organizations	+ Add
Step 9b: Enter information on the New Contact-Basic Information page. Scroll down page as needed.	Basic Information First Name Middle Name *Last Name Prefix Select a value *Relationship Select a value *Relationship Start Date (Ex: Marriage date for Spouse) m/d/yyyyy Gender Select a value Date of Birth m/d/yyyyy ©	Suffix Select a value Preferred Name Credentials Select a value Primary contact Atrium Health
Step 9c: Click Submit in top right corner of the page.	Sub <u>m</u> it	<u>Cancel</u>
Step 10: Click Continue in top right corner of the page.	Continue	<u>C</u> ancel
Created Date: 08/04/2021 Latest Revision Date: 10/4	4/2022	Atrium Health

	Authorization		
	Atrium Health Benefits Attestation		
	By choosing and submitting my Benefits elections, I attest that the information I am providing is accurate and complete. I authorize the coverage selections and the associated payroll deductions for my costs of the benefits selected.		
	I understand that once the enrollment period ends, I cannot make any benefits changes until the next Open Enrollment period or unless I experience a Qualifying Life Event (marriage, divorce/separation, birth or adoption, loss or gain of coverage, death of dependent). I further understand that once I am enrolled in one of the LiveWELL Health Plans, changing from one plan to the other is not a Qualifying Life Event; therefore, I will not be able to change plans until the next Open Enrollment period.		
	I understand the following:		
Step 11: Read attestation and click Accept.	 If I elect the Health Savings Plan, I can elect to contribute to a Health Savings Account (HSA), a Limited Purpose Flexible Spending Account (LPFSA) and a Dependent Care Spending Account (DCFSA) I understand to maintain the HSA, my prior annual election will move forward as my new annual election, and I do have the option to edit before submitting. I further understand I can make changes to my HSA throughout the year, as needed. If I elect the Co-Pay Plan, I can elect to contribute to a Health Care Flexible Spending Account (FSA) and a Dependent Care Spending Account (DCFSA). The LiveWELL Incentives I earn will be 		
	deposited in a LiveWELL Incentive Account. This is an account for Atrium Health contributions only and can be used for qualified medical expenses. I understand to maintain the FSA. LPFSA and the DCFSA. I must re-enroll each year.		
	Benefit Enrollment remains in effect until changed or canceled by me during an annual Open Enrollment, or when permitted by a Qualifying Life Event.		
	I understand that the coverages I am applying for may require that I provide additional information.		
	I understand that my eligibility for benefits may be affected if I experience a change in my weekly standard hours that changes my full-time or part-time status.		
	Accept Decline		
	Atrium Health Benefits Program		
	Creery HUD		
	Non non Lon		
	Passe cick on Submit to transfe your elections. Your Denemis are not served or competer unit you cick on Submit,		
	Medical Coverage		
Step 12:	Employee Assistance Program		
Bypass Medical	Employee Assistance Program		
Coverage pencil	Company provided Onsite Care		
edit icon.			
Information cannot	Life Insurance, Accidental Death & Dismemberment (AD&D) Benefits		
be changed.	L/e		
	too haven't poled any correct cares jet		
	Company provided Basic Life Insurance LSX Annual Salary		
	Supplemental Teammate Life		
	S Appendix un re- unamate \$4.91 St Annu 1 Sany Prinzy Benticalies		
	Maguet Brief 1099. V		
	Supplemental ADBO-Teammate \$1.36		
	31. Keyar Savy		

Char 40	Life Insurance, Accidental Death & Dismemberment (AD&D) Benefits
	Life
	Company provided Basic Life Insurance 1.5X Annual Salary Primary Beneficiaries
	Supplemental Teammate Life
Scroll down and	You haven't picked any beneficiaries yet.
click on Life Insurance pencil	Supplemental Life- Teammate \$8.72
edit icon.	Supplemental Teammate AD&D
	Supplemental AD&D- Teammate Waived- Supplemental AD&D
	Universal Life-Teammate
	Teammate Universal Life Waived-Teammate Universal Life
	Please note that the following plans in the clusters are subject to coverage reduction based on the age band. You may refer to the reduction rules underneath each Cluster to know more. Should you have any questions, please reach out to your Benefits Administrator Cluster 1: Company provided Basic Life Insurance 1.5X Annual Salary, Supplemental Life- Teammate, Supplemental AD&D- Teammate Coverage Reduction Rules: Age 70-74: Reduces to 65% of Original amount and rounded to next higher \$1.000 Age 75 and Above: Reduces to 50% of Original amount and rounded to next higher \$1.000 Cluster 2: Supplemental Life- Spouse, Supp ² lemental AD&D- Spouse Coverage Reduction Rules:
Stop 14	 Age 10-14: keduces to 55% of Original amount and rounded to next lower \$10,000 Age 75 and Above: Reduces to 50% of Original amount and rounded to next higher \$1,000
Step 14: Click on pencil edit icon.	Life
	Company provided Basic Life Insurance 1.5X Annual Salary See More Info
	You haven't picked any beneficiaries yet.
	Company provided Basic Life Insurance 1.5X Annual Salary
	Coverage AmountEmployer Contribution per pay period59,000.00\$ 2.71



Step 15: Make Life Insurance beneficiary allocations. After making allocations, click outside of percentage boxes for percentages to calculate. Click OK . See <u>Tips: Step</u> <u>15a</u> for additional instructions.	Company provided Basic Life Insurance 1.5X Annual Salary Coverage Amount 59,000.00 Primary Beneficiaries S
Step 16: Complete steps 14-16 for any other elected Life and AD&D benefits.	Life Insurance, Accidental Death & Dismemberment (AD&D) Benefits Life Company provided Basic Life Insurance 1.5X Annual Salary Primary Beneficiaries Supplemental Teammate Life Image: Supplemental Teammate Life Supplemental Teammate Life Supplemental Teammate AD&D Supplemental Teammate AD&D Universal Life-Teammate Teammate Universal Life Teammate Universal Life
Step 17: Click Continue.	Continue <u>C</u> ancel
Step 18: Click Submit.	Sub <u>m</u> it <u>C</u> ancel



Step 19: Receive confirmation. Note: If a message other than this is displayed, call the Benefits Service Center for assistance. See the phone numbers in the Notes below.	Your benefit elections were submitted. Last day of enrolment for this event is 11:59 PM EST. 8/9/2021 Enroll in Other Benefits Confirmation
	Tips
Step 15a: Note that you canno completely blank, th Definitions: • Primary be insurance p multiple prin • Contingent account or t her own dea When making p equal 100.	t remove someone from the Beneficiary list, but if you leave the box next to a person e person will not receive any funds. neficiary: Person first in line to receive benefits in a will, trust, retirement account, life olicy, or annuity upon the account or trust holder's death. An individual can name nary beneficiaries and stipulate how distributions should be allocated. beneficiary: Person named to receive benefits if primary beneficiary is not alive upon rust holder's death, or if primary beneficiary does not collect all benefits before his or ath. ercentage allocations to more than one beneficiary, the total percentage allocation must
Notes	
If you need assist	ance:
 Greater Charlotte teammates, call the Atrium Health Benefits Service Center at 704-631-1500, Option 1 	
 Navicent teammates, call the Navicent Benefits Service Center 1-800-964-4780, select the option for Macon 	
Floyd team	mates, call the Floyd Benefits Service Center at 866-228-1674.



Audience: All Teammates

Policies

Atrium Health Human Resources Life Insurance Benefit 3.10

Atrium Health Navicent policies are located in Policy Tech at <u>https://navicenthealth.policytech.com</u>.

